

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

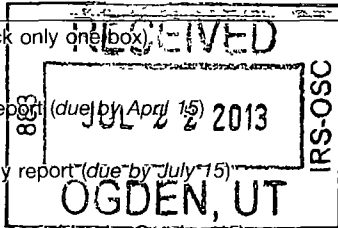
A For the period beginning <u>January</u> , 20 <u>13</u> and ending <u>June</u> , 20 <u>13</u>	
B Check applicable boxes <input checked="" type="checkbox"/> Initial report <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Final report	
1 Name of organization <u>RIO RANCHO FEDERATED REPUBLICAN WOMEN</u>	Employer identification number <u>46 1746912</u>
2 Mailing address (P O Box or number, street, and room or suite number) <u>P. O. Box 44754</u> City or town, state, and ZIP code <u>Rio Rancho, New Mexico 87174</u>	
3 E-mail address of organization <u>None</u>	4 Date organization was formed <u>January 11, 2013</u>
5a Name of custodian of records <u>Mary Ann Toliver</u>	5b Custodian's address <u>P. O. Box 44754</u> <u>Rio Rancho, NM 87174</u>
6a Name of contact person <u>Mary Ann Toliver</u>	6b Contact person's address <u>P. O. Box 44754</u> <u>Rio Rancho, NM 87174</u>
7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number <u>Same as above</u> City or town, state, and ZIP code	
8 Type of report (check only one box). a <input type="checkbox"/> First quarterly report (due by April 15) b <input type="checkbox"/> Second quarterly report (due by July 15) c <input type="checkbox"/> Third quarterly report (due by October 15) d <input type="checkbox"/> Year-end report (due by January 31) e <input checked="" type="checkbox"/> Mid-year report (Non-election year only due by July 31) f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31) g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election _____ (2) Date of election _____ (3) For the state of _____ h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election _____ (2) For the state of _____	
9 Total amount of reported contributions (total from all attached Schedules A)	
10 Total amount of reported expenditures (total from all attached Schedules B)	
Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.	
Sign Here <u>M. Ann Toliver</u> Signature of authorized official	<u>July 16, 2013</u> Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)

SCANNED JUL 29 2013



P 19

Schedule A Itemized Contributions NONE		Schedule A page of
Name of organization		Employer identification number :
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872		\$

Schedule B Itemized Expenditures NONE	Schedule B page of
Name of organization	Employer identification number

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872	\$
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